

STATE OF COLORADO
Department of State

1700 Broadway, Suite 270
 Denver, CO 80290



Gigi Dennis
 Secretary of State

Patti Fredrick
 Director, Colorado HAVA

Attn: Elaine Sullivan
County Clerk and Recorder

COUNTY: MOFFAT

Pursuant to Section 1-7-514 C.R.S. and Election Rule 11, the following election devices have been selected for Random Audit for the 2005 Coordinated Election. Please follow the instructions in Rule 11 to determine the method for conducting the post-election audit. Additional help is available on our web site, or you can contact John Gardner at (303) 860-6971 for additional information.

The following table lists the EQUIPMENT that has been randomly selected for auditing:

<u>Make/Model</u>	<u>Type</u>	<u>Use:</u>	<u>Serial #</u>	<u>Location Used:</u>	<u>Race Name to Audit:</u>	<u>Machine Count:</u>	<u>Manual/Hand Count:</u>	<u>Canvass Board Initials</u>
AIS 115 OMR	Scanner	Absentee Central Count	4034SX102 0	Central Office	Referendum C - NO	21	21	RH, DS, RHC
AIS 115 OMR	Scanner	Absentee Central Count	4034SX102 0	Central Office	Referendum D - NO	23	23	RH, DS, RHC
AIS 115 OMR	Scanner	Absentee Central Count	4034SX102 0	Central Office	Referendum D - YES	11	11	RH, DS, RHC
AIS 115 OMR	Scanner	Absentee Central Count	4034SX102 0	Central Office	Referendum C - YES	13	13	RH, DS, RHC

NOTE: If the RACES selected were not counted on that device or do not appear in the central count ballot selection, the Canvass board shall audit "Referendum C" or "Referendum D" in place of the missing races. Please mark the form appropriately. If the MACHINES selected were not used in the election, please contact JOHN GARDNER (303) 860-6971 as soon as possible.

Please complete the highlighted fields in the attached table and fax, or e-mail the form back to the Secretary of State at: voting.systems@sos.state.co.us. This form must be returned no later than: 5:00pm November 18, 2005.

For Internal Use Only

E-mailed by (name): _____

Faxed by (name): _____

Email Date and Time: _____

Faxed Date and Time: _____

Email Address: _____

Fax Number: _____

(Attach copy of E-mail)

(Attach copy of fax confirmation)

Phone Number: _____